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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/916,701
Filing Date	July 26, 2001
First Named Inventor	Ooi
Art Unit	2812
Examiner Name	Savitri Mulpuri
Attorney Docket Number	2103248-990140

PROGRAMS EXAMINER

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To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 26379

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: This request is being made at the request of Phosistor Technologies, Inc.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ Customer Number

OR

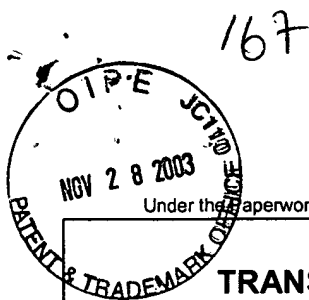
<input checked="" type="checkbox"/> Firm or Individual Name	Seng-Tiong Ho				
Address	120 Picardy Lane				
Address					
City	Wheeling	State	IL	Zip	60090
Country	U.S.A.				
Telephone	1-224-588-0958			Fax	
Name	Alan A. Limbach				
Signature			Registration No.	39,749	
Date	November 25, 2003		Telephone No.	650-833-2433	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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GAU-2812

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/916,701	
	Filing Date	July 26, 2001	
	First Named Inventor	Ooi	
	Art	2812	
	Examiner	Savitri Mulpuri	
Total Number of Pages in This Submission	5	Attorney Docket Number	2103248-990140

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	Or Agent & Change In Correspondence Address (in triplicate)
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application	The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 07-1896. A duplicate copy of this sheet is enclosed.	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Customer No. 26379	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Alan A. Limbach, Reg. No. 39,749 Gray Cary Ware & Freidenrich LLP
Signature	
Date	November 25, 2003

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed	Kathleen LaBrie
Signature	
Date	November 25, 2003

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